



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 2374

<b>SERIAL NUMBER</b> 10/675,929	<b>FILING or 371(c) DATE</b> 09/29/2003 <b>RULE 1.47</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3609	<b>ATTORNEY DOCKET NO.</b> 020375-032410		
<b>APPLICANTS</b> Charles Whitaker, Omaha, NE; Bradley Winking, Omaha, NE; Scott Dunn, Omaha, NE; Jim Jackson, Tamarac, FL; <b>** CONTINUING DATA *****</b> <i>yes (KKR)</i> This appln claims benefit of 60/417,205 10/08/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>None (KKR)</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/23/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K Acknowledged RAPILLO/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NE	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 UNITED STATES						
<b>TITLE</b> Systems and methods for verifying medical insurance coverage						
<b>FILING FEE RECEIVED</b> 1198	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit			